



NEPAL MEDICAL FORM

TRIP GRADING: MODERATE TO CHALLENGING

Full Name :

Departure Date :

Place Of Birth : _____

Address : _____

Phone Number : _____ E-Mail : _____

Status : Single Married Divorce Others

Occupation : _____

Nepal adventure trips involve trekking in remote and high-altitude areas in variable weather conditions for up to 5 - 8 hours a day (possible more subject to weather conditions and altitude). You will need an excellent level of fitness, be prepared to carry a daypack weighing up to 6-10kgs and be completely comfortable in adverse weather conditions.

Fitness preparation: At least one to two hours of aerobic exercise 4 to 5 times a week for 3-6 months prior to departure. Hill walking with a pack in variable weather conditions on or off trail is recommended.

Due to the remote areas these trips occur in, it is important that only fit and mentally stable people participate. We require that all participants complete the questions below. This information is important and has been invaluable in the past. We ask for

your kind co-operation in these matters and invite you to contact us should you have any queries. It is important that we are alerted to any special medical needs of our clients.

Anything relevant in your medical history will go with your group guides and is not passed on further.

If the answer is "yes" to any of the following questions, please supply full information below.

- | | |
|--|---|
| 1. Raised blood pressure? Y/N | 7. Digestive or bowel disorders? Y/N |
| 2. Joint or Mobility problems in last 12mths Y/N | 8. Asthma? Y/N |
| 3. Heart or circulatory disease? Y/N | 9. Surgical operations in the last 12 months? Y/N |
| 4. Chest /lung disease? Y/N | 10. Mental/emotional instability? Y/N |
| 5. Diabetes? Y/N | 11. Pregnancy? Y/N |
| 6. Epilepsy/neurological problem? Y/N | 12. Any other problems? Y/N |

Weight : _____

Height : _____

Age : _____

A specialist's opinion is necessary for anyone with a history of heart attack, angina, arrhythmia or severe respiratory disease) This section is for completion by a Dr and is only necessary for forms which have requirement for Dr completion as defined below. BP ___ Pulse ___

Details / List of medication / Allergy to drugs, chemicals or food: If more space is required please attach a separate sheet:

I, (_____), have been requested by Women Want Adventure to complete a medical form to qualify my physical and emotional fitness for my forthcoming adventure trek in Nepal. I can confirm that the information provided is true and accurate and agree to it being shared with the guide on the trip. I can confirm that Women Want Adventure will bear no liability should a medical matter arise that I have not disclosed on my medical form and that I shall be financially responsible for any consequent medical expenses. I acknowledge that the Women Want Adventure terms and conditions of contract specify that my doctor must complete this form if I have a pre-existing medical condition (indicated YES to any of the questions above) or if I am over 65 years of age.

Pre-existing medical conditions: If you suffer from asthma, high blood pressure/heart disease, diabetes, epilepsy or mental illness.

Client Signature : _____

Date : _____

Below are notes are for medical practitioners only.

In my opinion.....(name of client) should/should not participate on the above Nepal adventure trip in light of their medical and fitness circumstances.

Doctors Signature : _____

Doctors Details : _____

Date : _____